



2014 NWBA National Championships Volunteer Form

Contact Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____

Email Address: _____ Phone Number: _____

Date of Birth: _____ Gender (Circle one): Male Female

Shirt Size (Circle one): XS S M L XL XXL XXXL Other: _____

Emergency Contact Information

Name: _____ Phone Number: _____

Relationship to Volunteer: _____

Volunteer's Physician: _____ Physician's Phone Number: _____

Additional Information

Please list the names of others volunteering that you would like to work with: _____

Volunteer/Parent/Guardian Release

As a volunteer or as a parent/guardian of a volunteer with this program, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss resulting from participation in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my or my sons/daughters participation in the program, against the National Wheelchair Basketball Association, and their agents, employees, staff and volunteers. I do hereby fully release and discharge the National Wheelchair Basketball Association and their agents, employees, staff and volunteers for any and all claims from injuries, damage or loss which I have or which may accrue to me on account of my or my sons/daughters participation in the program. I further agree to protect, defend and hold harmless the National Wheelchair Basketball Association and their agents, employees, staff and other volunteers from any and all claims resulting from injuries, damage or losses sustained by myself or my son/daughter or arising out of, connected with, or in any way associated with the activities of the program. I have read and fully understand this release form. Before registration as a volunteer in this program is valid, the volunteer or the volunteer's parent or legal guardian must sign this release form.

Signature: _____ Date: _____

Confidentiality Release

I, the undersigned, hereby authorize the National Wheelchair Basketball Association to utilize photographs, videotapes, voice recordings, etc, of the participant to be used exclusively for promotion, advertising, and marketing of the National Wheelchair Basketball Association and its programs.

Signature: _____ Date: _____

Please select which positions you are interested in. Please also select the times you are interested in volunteering on those dates. If you have any questions please contact BJ Levis at TournamentVolunteers@nwba.org. Times and positions are subject to availability.

Areas of Interest: Please select any areas you would like to volunteer.

- | | |
|---|--|
| <input type="checkbox"/> Goody Bag Stuffers (dates and times TBD) | <input type="checkbox"/> Parking Lot Attendants |
| <input type="checkbox"/> Event Set-Up | <input type="checkbox"/> Greeter/Registration/Check-in |
| <input type="checkbox"/> Game Table-Timekeepers | <input type="checkbox"/> Gym Monitors |
| <input type="checkbox"/> Game Table-Scorekeeper | <input type="checkbox"/> Game Day Activities |
| <input type="checkbox"/> Game Table-Shot Clock | <input type="checkbox"/> Information/T-Shirt Sales |
| <input type="checkbox"/> Wheelchair Storage | <input type="checkbox"/> Event Break-down |

Dates: Please select the dates you would like to volunteer

Crowne Plaza Louisville Airport Hotel

- ☐ Wednesday April 2, 2014 (Registration at Crowne Plaza)
- ☐ Thursday April 3, 2014 (Registration, Information Center)
- ☐ Friday April 4, 2014 (Information Center)
- ☐ Saturday April 5, 2014 (Information Center)
- ☐ Sunday April 6, 2014 (Information Center)

Kentucky Expo Center

- ☐ Thursday April 3, 2014
- ☐ Friday April 4,
- ☐ Saturday April 5, 2014
- ☐ Sunday April 6, 2014

Times and Days: Please note, times are approximate and may vary based on scheduling

Wednesday April 2, 2014

(Registration/Check-in)

- ☐ Afternoon (4:00-7:00 pm)
- ☐ Evening (7:00pm-10:00pm)

Thursday April 3, 2014

- ☐ Morning (7:00am-Noon)
- ☐ Afternoon (Noon-5:00pm)
- ☐ Evening (4:00pm-9:00pm)
- ☐ All Day

Friday April 4, 2014

- ☐ Morning (7:00am-Noon)
- ☐ Afternoon (Noon-5:00pm)
- ☐ Evening (4:00pm-9:00pm)
- ☐ All Day

Saturday April 5, 2014

- ☐ Morning (7:00am-Noon)
- ☐ Afternoon (Noon-5:00pm)
- ☐ Evening (4:00pm-9:00pm)
- ☐ All Day

Sunday 6, 2014

- ☐ Morning (7:00am-Noon)
- ☐ Afternoon (Noon-5:00pm)
- ☐ All Day